Taking the initiative...

HIV/AIDS workplace policies for NGOs in Ethiopia, Africa

STOP AIDS NOW!
December 1, 2005

Colophon:

Publication: STOP AIDS NOW!
Keizersgracht 390
1016 GB Amsterdam - The Netherlands

Production: STOP AIDS NOW!, Adolfo Lopez

Advisory group: Adolfo Lopez, STOP AIDS NOW!; Anny Peters, Novib/Oxfam Netherlands; Angelica Senders, ICCO; Wassie Azashe, Cordaid; Kim Hartog, Plan Netherlands; Lebesech Tsega, consultant.

Text: Jos van Beurden/Africa Asia Desk

English editing: Michael Williams

Lay-out: Studio Esser, Baarn

Printing: Drukkerij Fokker, Nijkerk

Copies of this brochure can be obtained from
STOP AIDS NOW! E-mail: dpp@stopaidsnow.nl

The text of this b
Mainstreaming an
Mrs. Lebesech Tse
Carolien Aantjes'
Health Developm
Jos van Beurden, a

on HIV/AIDS Internal
project coordinator.
'Os in Ethiopia. Ms.
ernational Course in
te, has also been used.
text of the brochure.

Contents

In loving memory of Janherman Veenker (1950-2005)

Preface

My learning curve on HIV/AIDS started in1992 in Zimbabwe, when I was pregnant. I had a colleague, Patricia. She was pregnant too. I gave birth to a healthy boy. She gave birth to a girl. My boy is still alive. Her baby daughter died after 6 months. I asked her time and again 'why'. She never mentioned HIV/AIDS.
I could not imagine that we, colleagues both working on HIV/AIDS issues, couldn't talk about it. When Patricia herself died too, I was in shock. Several years later, I learned that four of the six drivers in our organisation had died of HIV/AIDS. When I read the results of a 2004 Oxfam/Novib study about how NGO-colleagues treat each other, if HIV/AIDS is involved, I was shocked again. This unsupportive behavior and head in sand attitude of refusing to admit what is at stake, has to stop!

Almost ten years later, Novib organised the first workshop with partner-organisations in Ethiopia to discuss the problems they face in relation to HIV/AIDS. Together with Joseph, who was sero-positive and consultant Lebesech Tsega I facilitated the workshop. At that time, in 2001, our partners did not see AIDS as a problem for themselves. AIDS was the headache of American tourists and of South Africa. They tried to assure us that they were raising HIV/AIDS awareness among their personnel and that there was no need for HIV/AIDS internal mainstreaming and policy guidelines. I knew that the reality was different.

Fortunately these organisations decided not to end their work in 2001. Developing further partnerships with Dutch co-financing agencies ICCO, Cordaid and Plan Netherlands they met again in 2004. By then the Dutch donor organisations had started a joint venture in STOP AIDS NOW! to improve their HIV/AIDS related activities. During the 2004 workshop fourteen Ethiopian partner organisations admitted, each more openly than the next, that they were not sufficiently equipped to respond to HIV/AIDS, either externally in the communities which they were serving, or internally among their own staff and volunteers. They joined forces to stop denial. HIV/AIDS won't go away soon, they realised. Much better to confront and manage it.

This brochure *Taking the initiative... HIV/AIDS workplace policies for NGOs in Ethiopia, Africa* depicts the process these eleven NGOs have gone through. It describes about the Pilot Project for the Internal Mainstreaming of HIV/AIDS for NGOs in Ethiopia in such a way that other NGOs, their donors and development workers can use it for their own benefit. I sincerely hope that it will help prevent that people living with HIV/AIDS suffer on their own and that it encourages more NGOs to address HIV/AIDS within the workplace.

Anny Peters, Policy Adviser on HIV/AIDS
Novib, Oxfam Netherlands

1. Aids in Ethiopia

Facts and figures

In Ethiopia around 4.5 % of people aged between 15 and 49 are HIV-infected, that is about 1.5 million people. In addition, around 100,000 children are infected. HIV-infected people are more likely to be found in the rapidly growing urban areas (more than 12 %) than in the rural areas (around 3%). The number of reported AIDS deaths stands at more than 120,000. More women than men are infected. There are an estimated 550,000 AIDS orphans in the country.

Aids and poverty

HIV/AIDS can affect us all. Considered at a global level, the pandemic hits the poorer and less powerful more than the more well off. It leads to more poverty. People's susceptibility to HIV is determined by their culture, livelihood, by the imbalance of power between men and women, by the lack of access to information about prevention and care, and by the lack of health services and education. Poorer people are more vulnerable as well. If one member of a poor household gets infected, the whole family will be affected. Also, they are disadvantaged through having a lower income and increased medical costs, and are likely to suffer stigma and discrimination. If the father is infected, the mother is most probably infected too. If both parents die, there is further impoverishment.

Those working in poverty alleviation have a special responsibility. Prevention of HIV/AIDS and care for people who are infected or affected by HIV/AIDS, is part of their work.

Government response

Since 1985, Ethiopia's government has been working on programs to slow down the expansion of the HIV/AIDS epidemic. Plans were made for HIV laboratories, surveys, extra training for health workers and an AIDS case reporting system. The implementation however remained weak, as the Government failed to respond to the alarming figures.

When, in 1998, the Strategic Framework for the National Response to HIV/AIDS was accepted a change began. The Strategic Framework focuses on the promotion of safer sexual behaviour, the treatment of people with venereal diseases, voluntary counselling and testing, blood safety, the prevention of mother-to-child transmission, and antiretroviral therapy (ART). According to UNAIDS figures, only 13,100 out of 265,000 people, in need of antiretroviral therapy, are receiving it. A program for the provision of free ART for 30,000 people was launched in January 2005 by the Ministry of Health. The Government has also begun to strengthen the structures and set up the HIV/AIDS Prevention and Control Office HAPCO. Now Ethiopia receives substantial amounts from, amongst others, the Global Fund to Fights AIDS, Tuberculosis and Malaria. The money mostly goes to Government programmes. It is more difficult for civil society organisations to gain access to it.

> *The HIV/AIDS pandemic demands that stakeholders focus on each other's strengths.*

The end of silence

In many countries HIV/AIDS remains veiled in silence. Ethiopia is no exception. Our country is a rather closed society, assert many Ethiopians. Sex is a taboo subject, and HIV/AIDS even more. Often families, friends and colleagues refuse to acknowledge that the death of a loved one is AIDS-related. TB or a lung infection is the preferred answer.

In April 2004, the premiere of Hulachinim Konjo Enihun was launched, sponsored by Action Aid and Dawn of Hope. In the film Yodit Getahun, actress and winner of the Miss Ethiopia Beauty Context of 2003, addresses the stigma and discrimination of Ethiopians living with HIV/AIDS. It is one out of many efforts in Ethiopia to break the silence about HIV/AIDS. The President of Ethiopia has joined the chorus by repeatedly warning against the discrimination of people with HIV/AIDS, which he considers as a human rights violation. He urges his compatriots that 'to love them and to show them our affection is more appropriate.' In March 2004 a National Partnership Forum was set up to improve the coordination of efforts geared toward fighting the HIV/AIDS pandemic in the country. Among its members are religious leaders and faith-based organisations, NGOs, the private sector, government, the National Coalition of Women, the Network of Association of people living with HIV and AIDS, and donors.

Circus Ethiopia

Circus Ethiopia (1991) has five branches in different regions, and twenty associates in other places. Circus employs 86 staff. The 250 street-children/ artists (100 female and 150 male) use theirs acrobatic skills, comedy, and music and dance not only to amuse but also to pass messages. Love with care is one of them.

Circus Ethiopia has conducted training for 50 staff members, ten from each branch. A medical doctor and a person living with AIDS have contributed. So from the beginning, the development of an HIV/AIDS workplace policy has been decentralised. Unfortunately, this training was not continued. Circus has incorporated HIV/AIDS in its staff handbook and appointed a focal person. The director and board members are actively involved in the development of policy.

Youngsters

The domination of youngsters in this organisation makes the environment more conducive to frank discussions about HIV/AIDS as opposed to the sometimes rather closed conversations in the Ethiopian society.

Vulnerable groups and stigma

Among the vulnerable groups the World Health Organisation mentions female sex workers and the men who visit them, unemployed people, long-distance truck drivers, and children who can get infected because their mothers are HIV positive.

Women are more vulnerable than men. For physical reasons and due to sexual practices they are more susceptible to a HIV infection. Women can be the victim of rape, abduction or other forms of sexual harassment, which cause infection. Even if a married woman suspects her husband to be a virus carrier, she can not refuse him sex or even ask him to use a condom.

Women are not supposed to be knowledgeable about sexual matters and therefore cannot negotiate safe sex. This subordinate position is compounded by women's economic dependence on men. Many people would consider their partner's request for an HIV-test an indication of distrust. While women are ill informed, because they 'are supposed not to know anything', men may be ill informed because they 'are supposed to know it all, so they can not ask for information'. In many countries, and Ethiopia is no exception, men are also under considerable peer pressure to have many sex partners. These prevailing norms about masculinity lead to the spread of HIV/ AIDS and stigmatisation.

For all people living with HIV/AIDS, stigma and discrimination are the major headaches, both in the family, among friends, in their communities, at work and in society at large. Often they put a stigma on themselves. 'I am HIV-infected, so I am different. I was stupid. I have to blame myself.' Many men keep thinking that a woman who gets HIV infected has to blame herself, even if the HIV-infection is the result of sexual violence.

> *"AIDS attacks the body. Stigma attacks the spirit. The former is caused by a virus, the latter by fear, but both kill!"*

AIDS at the war front

During wars and conflicts there is great displacement of populations. Military personnel, who may have high rates of HIV infection, move into lower HIV prevalence areas. Sometimes they misbehave towards the civilian population in the conflict area, especially against women. Poverty and economic insecurity increases in these areas, and this easily leads to an increase in the exchange of sex for money or protection. It is a worldwide phenomenon that soldiers like to be with women in their leisure time. Ethiopian soldiers are no exception. If they are fighting a war, their desire for female companionship is even greater. They have the money and see themselves as heroes who might not live long. In times of war women, hard pressed or longing for adventure, know that there is money where the soldiers are.

The border war with Eritrea, which started in 1988, has added a special chapter to the expansion of HIV/AIDS in Ethiopia. Numerous women, many not older than 14 or 16 , travelled to the border cities in the north. Despite the efforts of the Defence Ministry to prevent the expansion of HIV/AIDS, it has resulted in an increase in the number of infections. These soldiers, these young women and thousands of displaced and distressed people in the North are among the vulnerable groups as well.

Forum on Street Children - Ethiopia (FSCE)

FSCE (1989) was a response to the increasing number of orphaned and abandoned children in Addis Ababa caused by the drought and famine of 1984/85. The social development professionals, who took the initiative, chose as their mission to work for the respect of the rights of street children and of sexually abused and exploited children.

The HIV/AIDS pandemic has special consequences for children. Some are born with an HIV infection. Others lose their parents and assume the responsibilities of adults. Although FSCE is seriously confronted by the pandemic, both in their external work and internally when rumours circulated about staff members who had been infected or affected by HIV/AIDS, the organisation needed some time to become emotionally and mentally equipped for internal mainstreaming.

Training of trainers

From each project site FSCE selected three committed staff members for training, and thus decentralised the responsibilities. Their first task was an awareness raising session for all other staff at their site on the need for HIV/AIDS mainstreaming.

2. AIDS as a workplace problem

General admission

The HIV/AIDS pandemic first of all hits individuals: women and men who are infected and the people in their immediate surroundings who are affected. Often the number of affected is much larger. Among them can be Government offices, big and small private companies and civil society organisations. Confronted with HIV infected staff or managers, they may slowly realise that they have no other choice than to find an answer to this challenge and to formulate policies and plans. All NGOs, which have participated in the Pilot Project on the Internal Mainstreaming of HIV/AIDS among Partner Organisations in Ethiopia, agree that HIV/AIDS is a threat to their organisations. One organisation lost eight staff members. In another, an HIV-infected woman quit her job, as her colleagues did not want to work with her anymore. In several organisations directors are ruminating over where they should recruit new high level personnel who can replace policy officers and field staff.

Christian Relief and Development Association (CRDA)

The CRDA (1973) is an umbrella organisation of 253 national and international NGOs. For the CRDA 'external' mainstreaming means the organisation of training programs that enable the professionals of its partner organisations to perform better in HIV/AIDS-related matters. The CRDA has a staff of 67.

Internal mainstreaming of HIV and AIDS inside the CRDA itself has not been easy. Initially the HIV/AIDS forum coordinator did not get much of a mandate, while the management team showed little interest. This has changed. The CRDA now has an action plan, including the option of Voluntary Counselling and Testing. Some CRDA staff raised the issue of confidentiality of meetings on workplace policy. The CRDA plays a role in advocacy on HIV and AIDS, e.g. by discussing internal mainstreaming with the Ministry of Labour and Social Affairs.

Commitment management

When the senior management began to commit itself, the focal person felt encouraged. As a result, the issue of internal mainstreaming gained momentum.

Wide ranging impact

The impacts of the pandemic are felt at several levels:

- HIV-infected staff members and volunteers. Some lose interest in doing their job properly or are repeatedly absent from work. Others deny the illness, and try to give the impression of working 'normally'. If offered an 'easier' position in their organisation at their own level, they refuse to take it. Most of them suffer from the stigma of the illness and the discrimination of colleagues.
- Colleagues. Because of the lower output of HIV-infected staff, absenteeism due to illness, family care needs, or funeral attendance, and sometimes because of death, they have to work extra. They feel the tension and have not learnt how to communicate with a HIV-infected colleague.
- Management. They are worried about empty desks, increasing medical bills and the loss of valuable skills and experiences. Teamwork is at risk. Labour costs increase. Staff performance is reduced.

FARM-Africa

FARM-Africa (1985) works with poor farmers and herders to improve the management of their natural resources. Its focus is on communities, particularly women, and on strengthening local organisations. One of their projects is a women's enterprise development project. Another is the development of more sustainable livelihoods based on the Afar Way of Life.

When the country director spoke about HIV/AIDS during an Annual Meeting some years ago, the staff were not giving any consideration to the impact of the pandemic on their work. Then staff awareness training was given at headquarters and at all project sites. Condom demonstrations (male and female) were given and a video on how to live with AIDS was shown. Presently, FARM-Africa is busy establishing relations with hospitals, clinics for testing, counselling and the provision of medicines.

All inclusive

To ensure that all staff could participate in the training, temporary staff were hired to man the telephones while interpreters were translating for all staff in their own local languages.

The beginning of the Pilot Project

In 2004 four Dutch co-funding agencies - Novib, Cordaid, ICCO (united in STOP AIDS NOW!) and Plan Netherlands - invited fourteen partner organisations in Ethiopia for a Pilot Project for the Internal Mainstreaming of HIV/AIDS for NGOs in Ethiopia. STOP AIDS NOW! chose Ethiopia because of the rapidly growing HIV/AIDS epidemic. All organisations discussed the Project during a workshop in May 2004. Of the 14 organisations, three did not continue. One pulled out completely. Two others have gone their own way and have since developed an HIV/AIDS workplace policy. The other eleven went ahead. However, there were considerable differences between them. Some had already started to discuss staff problems within their own organisation before the Pilot Project had begun. They already had ideas about an HIV/AIDS workplace policy. For others it was all new.

> *For the development of an HIV/AIDS workplace policy a safe and conducive environment is crucial.*

External and internal mainstreaming

Mainstreaming is a way of adjusting policies, programmes and daily practices, and incorporating new insights and developments into one's work. The mainstreaming approach has previously been used to provide more focus on such things as environment, gender, children, human rights or persons living with a disability. Mainstreaming can take place both in the external and the internal domain of an organisation.

External mainstreaming of HIV/AIDS is to do with delivering an improved service to the communities an NGO is working in and to mitigate the impact of HIV/AIDS. Internal mainstreaming is to do with adjusting policy and practice in recognition of an NGO's susceptibility to the impact of HIV/AIDS and to reduce its vulnerability. It covers both activities on HIV prevention and treatment for staff, volunteers, and possibly their dependents, and activities for modifying the ways in which the organisation functions.

In practice, most development organisations start to work on internal mainstreaming of HIV/AIDS

only after they have been working for some years on the HIV/AIDS issues in the communities they serve. The internal domain needs more attention. It is important not only in order to maintain the health and well being of the personnel and the sustainability of the programme and interventions, but also to build the necessary expertise and capacity for an HIV/AIDS approach towards the project beneficiaries and the target group. The internal domain is an important entry point and starting point for mainstreaming in the external domain. The capacity building at the internal domain puts staff and workers into a better position to understand what can be done in the external domain and to make a risk analysis of the target community and the possible responses. (See annex IV.)

> *The experience gained through mainstreaming in the workplace helps to develop effective and more credible strategies for the existing programs.*

Hundee Oromo Grassroots Development Initiative

Hundee (1995) mainly operates in Oromo areas and encourages the rural poor to take the responsibility for their own development. Apart from community organising, Hundee has helped groups to set up cereal banks, micro-credit groups, projects for abducted women, civic education, environmental rehabilitation and activities for women's and older persons' economic support.

Oromo were oppressed for a long time. This might have helped the Hundee leadership and staff to have rather open dialogues on painful and personal matters such as abduction. Before the Pilot developed and through its own volition, Hundee developed a draft internal HIV/AIDS policy. Since the staff did not see the benefits of HIV/AIDS internal mainstreaming, the draft policy was left in the drawer. The pilot project gave them the encouragement to open the drawer.

Talking stick

Every Friday morning all Hundee staff meet at headquarters. The office is officially closed. All issues within the organisation can be discussed frankly. The person who holds the talking stick can speak without interruption.

3. Internal mainstreaming of HIV/AIDS in practice

First and foremost

For many NGOs, their staff and volunteers the discovery of gender as an important issue was difficult, as it required them to look into themselves and into the relation between the sexes. To accept the necessity of internal mainstreaming of HIV/AIDS is even more difficult. HIV/AIDS is linked to the most intimate part of our life, sexuality, and to something, which we abhor: the threat of stigma and discrimination and the near unavoidability of death.
If an organisation decides to work towards internal mainstreaming of HIV/AIDS, the atmosphere in which management, staff and volunteers discuss matters has to be safe and respectful. Initially this requires the courage of some, and, further on, the willingness of all. To have open dialogues is not easy. It requires certain efforts, particularly from the management. Each of the eleven NGOs in the Pilot Project have done this in their own way. With the aid of a 'talking stick', traditional coffee ceremonies, extra personnel to enable all staff to participate in discussions, having interpreters present, all participants are able to express themselves and understand what others say.

Agri-Service Ethiopia (ASE)

ASE (1969) is a larger NGO, which works with poor communities towards attaining food security, protecting and rehabilitating the environment and providing adequate social services. Enhancing the capacity of communities through training is a cross-cutting function of ASE.

The staff of ASE raised the issue of HIV/AIDS even before the pilot project started. The management has shown serious commitment to policy development and implementation. The director has been involved in most activities, is in charge of the overall coordination of the project and reports about the progress in management meetings. ASE has set up a focal group of seven people, who are officially acknowledged within the organisation. ASE stands out as it has used mostly internal capacity to develop the policy, and only invoked a mentor to guide them every now and then.

Confidentiality

Like most other NGOs, ASE is looking for concrete ways of dealing with the fear of disclosure among staff. How can confidentially be implemented?

Staff survey

Most NGOs began to conduct a staff survey to get an idea whether the staff were feeling the brunt of the problem and to assess what the staff's HIV/AIDS related needs are. The results were often indicative of the level of HIV/AIDS awareness. In one NGO more than ninety percent of the staff felt that they needed to be updated on issues on HIV/AIDS, and most of them reported the workplace as being their main source of information. Two out of every said they would not know what to do if a colleague disclosed his/her positive status. Almost all stated that they were in need of a program at their workplace to help them learn how to prevent themselves and their families from HIV/AIDS and to care for their colleagues.

> *HIV/AIDS mainstreaming is more difficult than gender mainstreaming. Gender has to do with unequal relations between men and women, HIV/AIDS with gender inequality, sexuality, death, sin, shame and punishment.*

AGOHELD

AGOHELD (1980) started as a 'one woman - initiative' of Abebech Gobena and has developed into an organisation with almost 200 staff members. It has a broad range of activities, providing full board to 160 children and health care and (vocational) education to 10,000 destitute women and youngsters.

Internal mainstreaming HIV/AIDS demands capacity for strategic thinking and developing policies. It is such a complex process, that it has taken AGOHELD much energy to put priorities. In spite of this, the organisation now recognises the need for a workplace policy and is committed to making it work. The project coordinator contacted the ILO office in Addis Ababa to get outside help. The outcome was a focal team of five within the organisation. The team's first output was a comprehensive questionnaire among all staff for the purpose of a situational analysis.

Questionnaire

Some of the questions were: Do you know someone with HIV in the organisation? Have you ever been tested yourself? Do you observe stigma and discrimination in the organisation, and if so, when and where? Does AIDS pose a threat to the organisation? Which benefits should be included in a workplace policy?

Self-assessment

The next step in the Pilot Project was a self-assessment. Each of the eleven participating NGOs held a workshop for its own staff to evaluate the impact of the pandemic on the organisation, and the organisation's strengths and weaknesses in dealing with it. In most cases a wide range of staff members participated. Usually at least one director participated in this self-assessment exercise. Without the understanding and commitment of management, an internal mainstreaming process will never succeed.

The workshop usually lasted for two days. All NGOs asked Lebesech Tsega to act as an external facilitator. She has experience using a 9 Boxes Gender model and she was well suited to use her skills using the 12 Boxes HIV/AIDS model. The different workshops led to several conclusions:

- Staff need allocated time to discuss HIV/AIDS among themselves.
- All staff, including the lower ranks, should participate.
- Staff need provisions for prevention, care and support
- Staff need written guidelines from management on how to deal with HIV/AIDS inside the organisation.
- Staff need written guidelines as to what medical costs are covered by the organisation and whether a workplace policy also relates to dependents.

12 Boxes HIV/AIDS model*

How does one carry out such an assessment? There are several methods. The one, which was used during the Pilot Project, was the 12 Boxes HIV/AIDS model. It was originally designed for gender mainstreaming, and adapted by Novib/Oxfam Netherlands for the purpose of HIV/AIDS

* *See Annex 1 for the 12 Boxes model*

mainstreaming. The model can serve as a checklist, which helps to identify the core problems of an organisation, and to avoid speculation. The application gives insight into the HIV/AIDS competency of an organisation.
To begin with, one needs to ask questions about the political, technical and cultural points of view of an NGO on their functioning and on their decision to incorporate HIV/AIDS issues:

> POLITICAL POINT OF VIEW. Who influences whom and about what? This question relates to power, decision-making and resource allocation.
> TECHNICAL POINT OF VIEW. How are technical resources, the know-how of the NGO organised in order to produce the desired output in the most efficient manner?
> CULTURAL POINT OF VIEW. Who talks to whom about what? This question relates to the relations network, values, attitudes, standards, beliefs and interpretations shared by staff and others.

For an organisation to become AIDS competent it also needs to assess the impact that HIV/AIDS has - or is likely to have - on four crucial elements and adapt them to the new situation:

> MISSION/VISION: Vision is a short, clear statement of the ideal situation we are working towards. The vision answers the question, what do we want to see in 5-10 years time? It tells us of the changes or impact we hope to make.
> ORGANISATIONAL STRUCTURE: HIV/AIDS policies are needed within the organisation, leading to changes in organisational policies and practices.
> PROGRAM POLICY AND PRACTISES HIV/AIDS: These need to be integrated into the core-business of the organisation leading to a policy program and changes in practice.
> HUMAN RESOURCES: Transforming the staff recruitment, staff development, training, performance appraisal and non-financial reward and incentive systems.

Looking back

Working with the 12 Boxes Model requires creativity to avoid repetition and is fairly time consuming as it cannot be done in one day. It is a worthwhile effort, however, as it not only provides much information about the organisation, but also it enlarges the understanding and 'we-feeling' in regard to HIV/AIDS. It is a powerful tool to get the commitment of all staff. They all get a clearer idea of what is involved when 'mainstreaming HIV/AIDS'. The NGOs, which had already started to work on a HIV/AIDS workplace policy, said that it was even more interesting for them. The self-assessments help to overcome something that is often a bottleneck in dealing with HIV/AIDS: openness and dialogue.

> *"Self-assessment of an organisation's strengths and weaknesses on HIV/AIDS works best if it is tailor-made. Always adjust the model you choose."*

Involvement of higher echelons

A staff survey, a self-assessment and other steps in HIV/AIDS internal mainstreaming can only be made if the management is committed to it. Director, Management Team and sometimes the Board of an NGO have to fully say 'yes' to the process and to support it. In seven of the NGOs the higher echelons participated from the beginning in activities of the pilot project and openly committed themselves to facing their employees. Some of them even took on the role of coordinator and did such things as writing. Terms of Reference for external support or they participated in detailed internal HIV/AIDS policy discussions.
In two other organisations, such management commitment was less visible. Carolien Aantjes,

the coordinator of the Pilot Project, discussed this in both organisations and as a result the commitment of the senior management in one of them improved. The focal point in this organisation felt encouraged and the implementation of activities was set in motion.

> *Without the commitment of the senior management a successful HIV/AIDS workplace policy is a non-starter.*

Ethiopian Rural Self Help Association (ERSHA)

ERSHA (1998) serves 250,000 marginalised people in rural areas of three regions. It implements programs for food security, water, health, animal husbandry, forestation, and soil and water conservation. The organisation's 67 members of staff emphasise gender sensitive projects and focus on poverty reduction in areas that don't acknowledge the threat of HIV/AIDS.

The focal point conducted staff awareness sessions at each project office. During open dialogues Voluntary Counselling and Testing (VCT) was discussed. So far only a few staff have undergone VCT at the expense of the organisation's budget. For each office ERSHA has purchased dildos for condom demonstration and videos on how to live with HIV/AIDS. When a draft workplace policy was available, staff asked for more attention in the policy on benefits for dependents.

Peer education

ERSHA appointed a focal person at the head office and one at each project office. They all practice the peer education approach; they teach and talk with their colleagues about HIV/AIDS, its prevention and treatment.

External expertise

All participating NGOs had previously been given a number of documents on workplace policies. They searched for information themselves and approached like-minded organisations in Ethiopia and neighbouring countries on the issue. In spite of the background information, the commitment of the management, and the explicit interest of some staff, no NGO has worked without the use of external consultants.

The number of experienced Ethiopian consultants, who are able to guide internal mainstreaming of HIV/AIDS, is limited. The search for a suitable consultant led to several NGOs delaying the actual implementation of work place policies. How did NGOs solve this? One succeeded in getting the support of the International Labour Organisation's office in Addis Ababa. Some others were helped by the HIV/AIDS Prevention and Control Office HAPCO, which facilitated some of their trainings.

Real risk analysis still lacking

No NGO involved in this project did a real risk analysis, which means reviewing human resource data, looking at the incidence of HIV/AIDS and mapping the future impact of HIV/AIDS on the organisation over a longer period. Although the results of the self-assessment gave some

information on the risks of an organisation facing HIV/AIDS, most instances were not in-depth.
No NGO evaluated the real critical skills, which are crucial to an NGO who wants to remain effective, i.e. a review in which desk or field positions should never be empty.
Most NGOs are aware of the extra risks of some staff, yet do not reflect or address them openly. Do NGO workers have to travel as part of their work? Are NGO workers separated from their family? Do NGO drivers sleep in decent accommodation while en route? Do young male staff in remote areas run extra risks when they feel lonely, enjoy drinking and mingle with local women? Do NGO managers take risks when attending international conferences when they may feel lonely when separated from their family?

4. Towards a workplace policy

Workplace policy

The goal of a HIV/AIDS workplace policy is, as one of the NGO's states, 'to create a conducive, safe and supportive workplace environment whereby the staff prevent themselves from HIV/AIDS; affected or infected members are able to disclose themselves without fear or related stigma and discrimination and benefit from care and support provisions instituted within the limitation of the NGO'.
A workplace policy defines the NGO's position and practices for preventing HIV transmission and for handling HIV infection among employees. It reduces tensions in the organisation, and is useful for the management, as it provides guidance to managers who deal with the day-to-day issues and problems that arise in the workplace. It is useful for the employees, as it provides information about their responsibilities, rights and expected behaviour on the job. Written HIV/AIDS policies provide clarity and certainty about a subject that many people find confusing and uncertain.
A workplace policy provides both managers and staff with much needed new skills.
The first step in the implementation of a workplace policy is usually is awareness-raising.

> *"The development of a workplace policy on HIV/AIDS should be participative and all inclusive."*

Awareness-raising among staff

All NGOs developed a concrete action plan on internal mainstreaming of HIV/AIDS. The basis of these plans was the outcomes of the self-assessments. In the plans there is a central place for awareness-raising among staff and management, the adjustment of internal policies to HIV/AIDS internal mainstreaming and finances.
All NGOs see awareness-raising among their staff as essential. One element of it is addressing existing myths and misconceptions such as 'condoms getting lost in the body'; 'sex with a virgin can cure HIV/AIDS'; 'sex with a condom is like a sweet with a wrapper'. In general, men and women lack information on sexuality. Because of prevailing norms about virginity and male dominance, these myths and misconceptions tend to persist. To address them helps to destigmatise colleagues and their dependents living with HIV/AIDS and to improve the atmosphere at the workplace.
Some NGOs differentiate between awareness-raising sessions, which have a clear focus, and more open and informal dialogue get-togethers, either during a traditional coffee ceremony or by having staff respond to statements on HIV/AIDS in small groups. Another NGO planned a social gathering with employees to promote openness and trust.

> *The HIV/AIDS pandemic offers the opportunity to become more aware and honest about the power imbalance between men and women and the existing norms on sexuality.*

Alliance for Development (AfD)

AfD (1994) envisions a future where society shares more organised responsibility. It works with poor people in some areas with the highest prevalence and intends to improve their living conditions and environment. The organisation employs 31 staff; most of them are recruited from the project areas.

AfD developed a questionnaire to assess the needs of staff on training in HIV/AIDS. The goals and principles of its workplace policy are given in Annex III. The issue of Voluntary Counselling and Testing is dealt with. AfD has produced a HIV/AIDS resource pack and distributed it to all staff members. Condoms are being supplied in the office. The director went to insurance companies to negotiate premiums and to include death while on duty as well as other costs related to HIV/AIDS.

Coffee ceremony

AfD grants two hours of free staff time per month for open dialogue sessions. A senior staff member collates issues from colleagues at all levels. They are discussed during a typical Ethiopian coffee ceremony. That helps them to become more open.

Adjusting internal policies

Most NGOs have either set up, both at headquarter and field office level, a focal group, or, they have appointed a 'focal person' responsible for the internal mainstreaming and the development of a workplace policy. They have started to adapt organisational guidelines like staff manuals and job descriptions and inventoried training needs. Staff members are offered voluntary testing and counselling opportunities. Most organisations are discussing the medical coverage and insurance questions and have to decide whether these relate only to staff, or also to their dependents. On the one hand, progress in the implementation of the workplace policies seems slow, on the other hand a number of results have been achieved such as increased staff awareness and knowledge, diminished stigma and discrimination, and the revision of existing policies resulting in better care for HIV-infected staff and volunteers and their dependents. That some staff members now go for voluntary counselling and testing on their own premises, indicates that these NGOs have been able to create a safe environment. Exchanges with other local NGOs have made clear that the eleven involved in the Pilot Project have done a pioneering job in internal mainstreaming. All have an action programme on HIV/AIDS internal mainstreaming. Eight organisations have a workplace policy.

Finances

Each of the participating NGOs received an extra € 5,000 for the development and implementation of a one year HIV/AIDS action programme. This will not be the end. More plans and activities will come up and these will lead to new financial requirements. For business companies and international NGOs it is easier to allocate extra funds to HIV/AIDS workplace policies than for local NGOs. Therefore companies and international NGO's make faster progress on the implementation of workplace policies than local NGO's.

Getting the extra financial support for local NGOs will require some creativity. To begin with, they should ask donors for clarity and donors should give clarity on what they can and cannot offer. Local NGOs should think about other possibilities, such as an internal 1% fund for HIV/AIDS emergencies, composed of the salaries of all staff, such as the one set up by one of the NGOs.

> *Be sensitive, but avoid overly - diplomatic language in your workplace policy documents or funding guidelines. Be very clear in what you c an and cannot offer.*

Emanuel Development Association (EDA)

EDA (1996) encourages poor children and their mothers to participate in their development. The 23 strong staff involves them as much as possible in the planning and implementation of curative and preventive health care, non-formal education, capacity strengthening, income generating, promotion of children's rights, and cohesion within Ethiopia's society.

In its action plan EDA focused on enhancing openness and dialogue between staff on HIV/AIDS. During a first awareness-raising seminar for its own staff, an organisation of People Living with HIV/AIDS was invited. EDA core project staff visited pilot partner Hundee to learn from their open dialogue sessions. On another occasion they hired a bus for their staff and combined fun with a serious dialogue on opinions on work place policies, personal fears and organisational fears.

Fund
All EDA staff has agreed to contribute one percent of their salary each month to a blocked account, which can be used to assist infected and affected staff and their dependants.

Monitoring and evaluation

Most NGOs are using existing monitoring and evaluation mechanisms to follow internal mainstreaming of HIV/AIDS. However, the monitoring and evaluation of the process of internal mainstreaming needs strengthening. It is an institutional challenge to use a few core indicators. The 12 Boxes HIV/AIDS model for the assessment of the weak and strong points of the organisational response to HIV/AIDS might be useful for monitoring and for finding the core indicators.

5. The role of the Dutch co-funding agencies

Aids in the Netherlands

The Netherlands is not as HIV/AIDS-affected as Ethiopia. This is a result of differences in wealth and education and in the status of women. Moreover, all citizens and residents have access to health care. At present 10,854 people in the Netherlands are registered as HIV infected. The real number is estimated to be between 16,000 and. 23,000. Therefore the need for an HIV/AIDS workplace policy is felt less in most organisations inside the Netherlands. STOP AIDS NOW! co-funding agencies with regional offices in high prevalence countries do have workplace policies for the staff in those countries. These regional offices and their local partners are engaged in developing and implementing workplace policies.

Donor guidelines

- The seriousness of the HIV/AIDS pandemic gives donors a special responsibility towards their counterparts. They should encourage them to carry out both external and internal mainstreaming of HIV/AIDS and help them to develop the policy and program, and consider the financial implications of the pandemic. They have to redefine what, given the new circumstances, good donorship means. STOP AIDS NOW! is working hard to address this question. Guidelines for good donorship create clarity about the commitment of the Dutch co-funding agencies and should form a guarantee to counterparts in Ethiopia. These guidelines will be tested in Uganda and India in 2006, and can be used in the dialog of co-funding agencies with their counterparts

> *The Pilot Project was donor-driven. This may be unavoidable because HIV/AIDS is different from business as usual.*

6. The next phase

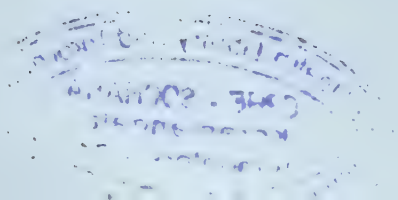
The Pilot Project for the Internal Mainstreaming of HIV/AIDS for NGOs in Ethiopia has been the first phase in a process that has enabled local Ethiopian NGOs to internally mainstream HIV/AIDS and to develop and implement a HIV/AIDS workplace policy.
In the second phase the further implementation and refinement of the workplace policy at each of the NGOs will take place as well as the expansion to other local NGOs.
In a workshop in October 2005, the participating NGO's exchanged their experiences and decided to submit a comprehensive joint proposal for the second phase of the project to the co-funding agencies. This project will be led by the International Institute for Rural Reconstruction (IIRR). IIRR will coordinate the discussion forum for this joint proposal. A joint response provides strength when facing common dilemmas, like financial coverage, finding local solutions or exchanging knowledge and experiences.

International Institute for Rural Reconstruction (IIRR)

IIRR is promoting people-centred development through capacity building among the rural poor and their communities and development organisations and agencies in many countries in the South, among them neighbouring Kenya and Uganda. In the three Northeast African countries it has more than 40 staff. Since 2000, IIRR Ethiopia has been working with local partners.

IIRR Ethiopia has an action plan to develop a HIV/AIDS workplace policy. The organisation will review its management and administrative policies, its manuals and procedures and make them reflect HIV/AIDS sensitivity. It will develop simple and appropriate program level HIV/AIDS mainstreaming guidelines. The same process of internal mainstreaming is taking place in their offices in Kenya and Uganda. IIRR Ethiopia can make use of expertise from the region.

Sexual harassment
IIRR Ethiopia is openly discussing sexual harassment as one of the root causes of the fast spread of HIV/AIDS. This is an important by-product of the regional approach.



Annex I: 12 Boxes model

	MISSION/VISION	ORGANISA-TIONAL STRUCTURE	PROGRAM POLICY AND PRACTICES	HUMAN RESOURCES
POLITICAL POINT OF VIEW	**Box 1: Decision making on the inclusion of HIV/AIDS in mission/vision** - 'push and pull' factors in and outside the organisation - role of management	**Box 4: Decision on internal HIV/AIDS policy** - role of management - understanding the meaning and importance of internal mainstreaming - participation in discussion and decision making on internal HIV/AIDS policy - conflict management	**Box 7: Decision on mainstreaming HIV/AIDS in programs** - role of management - understanding the meaning and importance of program mainstreaming - participation in discussion and decision making on a mainstreaming policy program	**Box 10: Room for manoeuvre** - human resource planning. - space for organising - physical infrastructure - opportunities for staff
TECHNICAL POINT OF VIEW	**Box 2: Incorporation of HIV/AIDS issues in mission/vision** - analysis - impact of HIV/AIDS - core-business - AIDS as a gender problem	**Box 5: Tasks and responsibilities** - information system - training system - co-ordination - consultation	**Box 8: Program changes and monitoring and evaluation of programs:** - reaching people infected and affected by HIV/AIDS - highlight problems - review activities, target groups and ways of working - multi-sectoral collaboration - programming in partnerships	**Box 11: Staff and expertise** - quantity - quality - job description - appraisal - training
CULTURAL POINT OF VIEW	**Box 3: Co-operation and learning culture** - networking outside of the organisation - work in partnerships - support - multi-sectoral co-operation and learning	**Box 6: Organisation culture** - ownership - HIV/AIDS friendliness - image - attitude towards people living with HIV/AIDS	**Box 9: Participatory approach/ attitude towards target group** - listening attitude - empathy for people/ families infected/ affected by HIV/AIDS	**Box 12: Attitude of staff** - enthusiasm - commitment - willingness to change - reflection/ innovation

For more information write to aids.kic@novib.nl

Annex II: Links concerning workplace policies

Title of report/ article/ interactive web-site	Author/ Organisation	Web-site
ILO Code of Practice on HIV/AIDS and the world of work	ILO, Geneva	http://www.ilo.org/public/english/protection/trav/aids/publ/code.htm
Education and Training Manual	ILO, Geneva	http://www.ilo.org/public/english/protection/trav/aids/publ/manual.htm
HIV/AIDS and work: global estimates, impact and responses	ILO, Geneva	www.ilo.org/aids http://www.ilo.org/public/english/protection/trav/aids/publ/globalest.htm
Working Positively: A guide for NGOs managing HIV/AIDS in the workplace	UK Consortium on AIDS and International Development	http://www.aidsconsortium.org.uk/Workplace%20Policy/workplaceintro.htm
Report PSO seminar capacity building in times of HIV/AIDS "Rewriting the rules"	PSO	http://www.pso.nl/asp/documentsite.asp?document=353
A resource for NGOs: Positive Organisations: Living and Working with the Invisible Impact of HIV/AIDS	CDRA	To buy the book: http://www.cdra.org.za/Bookshop/Bookshop.htm
Development HIV/Workplace and Medical benefits policies with partners in Cambodia, Burkina Faso and Senegal	International HIV/AIDS Alliance	http://www.aidsalliance.org/sw7444.asp
Aids on the Agenda: Adapting Development and Humanitarian Programs to Meet the Challenge of HIV/AIDS	Sue Holden: An Oxfam publication in association with Action Aid and Save the Children UK	http://publications.oxfam.org.uk/oxfam/display.asp?K=18378959402917 6&sf_01=CAUTHOR&st_01=Sue+Holden+&sort=SORT_DATE%2FD&x=4&y=7&m=2&dc=2
Workplace HIV/AIDS programs: An Action Guide for Managers	Family Health International	http://www.fhi.org/en/HIVAIDS/pub/guide/Workplace_HIV_program_guide.htm
HIV/AIDS and the Public Sector Workforce: An Action Guide For Managers	Family Health International and Policy Project	http://www.fhi.org/en/HIVAIDS/pub/guide/publicsector.htm
HIV/AIDS Prevention in the Workplace	Family Health International	http://www.fhi.org/en/HIVAIDS/pub/fact/workplace.htm
Workplace Guide for Managers and Labor Leaders: HIV/AIDS Policies and Programs. In English, Spanish, French, Ukrainian, Vietnamese	AED	http://www.smartwork.org/pubs/
fact sheets, example workplace policy, pre-tests for staff,	National AIDS Trust, HIV @ WORK	http://www.areyouhivprejudiced.org/hivatwork/packs.aspx
The stigma toolkit	Change	http://www.changeproject.org/technical/hivaids/stigma.htm

Annex III: Example of a workplace policy

Alliance for Development [AfD]
HIV/AIDS Workplace Policy (draft)
August 2005

(excerpt)

Goals and objectives

The goal of the Workplace Policy is to create a conducive, safe and supportive work environment in which the permanent staff of AfD prevent themselves from HIV/AIDS, affected or infected members are able to disclose themselves without fear of related stigma and discrimination, and benefit from care and support provisions instituted by AfD as much as resources permit.

The objectives are:

- To ensure that the AfD staff have access to relevant and up-to-date information and services to protect themselves from HIV/AIDS.
- To ensure that staff affected or living with HIV/AIDS are equally treated, not stigmatised or discriminated, while working, applying for promotion or other related opportunities.
- To ensure that infected or affected staff are supported to cope with all the strains of HIV/AIDS as much as resource allows.

Statement of policy principles

1. Recognition of HIV/AIDS as a workplace issue

1.1. AfD will have a supportive workplace environment in which staff can have open dialogue on issues of HIV/AIDS.
1.2. AfD commits two working hours per month for all staff to have sessions and social dialogues on HIV/AIDS, to ensure that staff awareness and education continues.
1.3. AfD will make sure that staff have access to up-to-date and relevant information on HIV/AIDS which enable them to protect themselves from HIV/AIDS.
1.4. AfD will make sure that staff have access to Voluntary Counselling and Testing services and will make condoms available for staff free of charge as its workplace prevention program.
1.5. AfD will make sure that staff are aware of existing regional HIV/AIDS prevention services.
1.6. AfD is committed to maintaining a safe and healthy work-environment to ensure that staff are protected from work related infection.
1.7. Every member of staff living with HIV/AIDS is obliged to respect the right of other staff not to be infected and must assume responsibility for his/her own actions and behaviours. Failure on the part of staff living with HIV/AIDS to observe these obligations at the workplace will be treated as an offence by article 17/17.2 of the Personnel Manual.

2. Non-discrimination on the basis of HIV status

2.1. No staff should be harassed or in any way be subjected to discrimination on the ground of his/her HIV status.
2.2. Staff guilty of harassing, threatening, insulting or disturbing infected or affected colleagues within the workplace will be treated according to article 17/17.2 of AfD's Personnel Manual as an offence for dismissal without notice.
2.3. No member of staff should be denied promotion, training opportunities or transfers due to his/her HIV status and he/she will be treated according to articles 4 and 5 of AfD's Personnel Manual dealing with transfer and promotion.
2.4. Staff with HIV/AIDS have equal rights as staff with long-term critical health conditions to benefit from all existing health provisions.

2.5. Staff at AfD will not be screened for their HIV status for purposes of exclusion from work or work processes.
2.6. New employees will not be subjected to screening for HIV.

3. Gender equity

3.1. Taking into consideration that HIV/AIDS impacts female staff differently, all workplace programs will give special attention to female employees.
3.2. Awareness-raising, educative sessions and dialogues will always be gender sensitive.

4. Confidentiality

4.1. AfD respects confidentiality with regards to any information relating to the HIV status of an employee; however, it allows, with the consent of the concerned staff, and when absolutely necessary for his/her medical condition, to be revealed but only to the responsible person directly involved in arranging benefits or suitable accommodation for the staff.
4.2. In protecting the rights of HIV positive staff to confidentiality, AfD will apply article 17/17.2 of the Personnel Manual to anyone divulging confidential information such as staff's HIV status.

5. Continuation of employment relationship

5.1. AfD expects co-workers to maintain working relationships with any staff living with HIV/AIDS.
5.2. Staff harassing, or withholding services from other staff living with HIV/AIDS will be treated according to article 17/17.2 of AfD's Personnel Manual as an offence for dismissal without notice.
5.3. Staff harassed or subject to discrimination with in the workplace due to his/her HIV status, has a right to report the situation to a higher body or the highest body in the organisation when the perpetrator is the immediate supervisor.

6. Care and support

6.1. Staff may continue to work as long as they are able to perform their duties safely and in accordance with performance standards.
6.2. Staff living with HIV/AIDS and unable to perform in accordance with the standards will benefit from a reasonable accommodation in the form of redeployment or transfers, according to article 4 of the Personnel Manual.
6.3. When deemed necessary, staff living with HIV/AIDS will be given five days compassionate leave in addition to the amount of sick leave given by health professionals.
6.4. When deemed necessary, staff living with HIV/AIDS will remain on full salary for the first month, receive half their monthly salary for the second month and 1/3 of their monthly salary for the third month after which he/she will be advised to retire.
6.5. Staff living with HIV/AIDS will be allowed flexible working hours, to enable them to attend their medical or counselling sessions and compensate for the time lost in the process.
6.6. The medical expenses of staff living with HIV/AIDS will be covered by AfD's GPA (including illness) schemes as any other chronic illnesses.
6.7. Staff living with HIV/AIDS requesting voluntary retirement will be entitled to severance payment unlike other staff who resign of their own accord.

Annex IV: Example of a workplace programme

Possible activities to be included in HIV/AIDS workplace programmes

In the area of prevention and capacity building:

- Provide a forum for the discussion of issues related to the personal safety of all staff (including watchmen, office messengers and drivers). Workshops should be organised to analyse personal vulnerability to HIV/AIDS.
- Appoint AIDS focal points among staff with concrete responsibilities and tasks.
- Review working conditions. This may include reducing overnight stays away from families for staff, allowing families to accompany migrant staff or increase home leave etc.
- Provide full information and education on HIV/AIDS transmission, prevention, care, treatment, support and human rights issues. Education should pay special attention to demystifying HIV/AIDS and counteracting circulating myths and misconceptions.
- Provide materials and means for HIV-prevention (free distribution of condoms; provide leaflets to be taken home).
- Training of staff and counterparts so that they can address the implications of HIV/AIDS at work, identify, analyse and find solutions to HIV/AIDS related problems in their target groups and project area.

In the area of care and treatment:

- Review social benefits (pension schemes, health insurance, cover burial costs of staff family members).
- Ensure access to voluntary testing and counselling for all staff and their families as well as access to basic health care for treatment of sexually transmitted diseases and opportunistic diseases.

Observe and promote a strict human rights approach:

- The same rules and benefits apply to all employees regardless of their HIV status.
- Anti-stigmatisation and anti-discrimination rules: the HIV status of employees is strictly confidential.
- A code of conduct for all employees, explaining expected behaviour towards sero-positive colleagues, should be established and made public.
- A policy of zero-tolerance for sexual harassment at the workplace is maintained.

Annex V: Six steps in the process of internal and external HIV/AIDS mainstreaming

1. Advocate and sensitise for understanding

Mainstreaming must be accompanied by advocacy and sensitisation. People (NGO managers , company directors) need to be sensitised before they can mainstream HIV/AIDS. Staff, including management must understand and be aware of their own risks and their own susceptibility and the risks of their staff (invite a person PWLHA to your NGO and listen, discuss HIV/AIDS epidemiological overview, assess the level of knowledge of your staff, discuss the major risk factors that are driving the epidemic, the cultural factors and the prevailing myths, etc.). Sustained internal advocacy results in greater involvement and participation.

2. Develop a workplace policy and programme, including capacity building.

3. Initial assessment needed for external mainstreaming.

Community enquiry. The aim of the situation assessment is to gather information about HIV/AIDS in the populations concerned. Assessment of the vulnerability of the target community and the technical sector-bound mainstreaming implications and possible responses.

4. Mainstreaming is essentially a way of scaling up the (national) response to HIV/AIDS.

This means that the external mainstreaming efforts relate to the objectives and strategies of a state (or district) plan on HIV/AIDS and are implemented within existing structures. Isolated interventions without government commitment have been found to have had a limited impact

5. Establish partnerships based on comparative advantage

No single sector, institution or individual can do everything necessary to curb the epidemic. Mainstreaming does not require sectors, programmes or projects to include all components of a comprehensive response to HIV/AIDS but rather a sharing of the burden and responsibility.

6. Establish a clear entry point or theme for external mainstreaming. The identification of the entry point is based on the comparative advantage of the NGO.

As HIV/AIDS has a serious impact on poverty alleviation, it burdens development workers with the additional task of diminishing its impact. There is much literature on HIV/AIDS related activities in the communities, which development organisations are serving. Much less is known about the impact of HIV/AIDS on these organisations themselves, their staff and volunteers. This brochure tries to fill this gap. It describes the pioneering efforts of eleven NGOs in Ethiopia to mainstream HIV/AIDS internally and to develop workplace policies.

The Pilot Project on HIV/AIDS Internal Mainstreaming among Partner Organisations in Ethiopia, supported by STOP AIDS NOW! has had positive results. Staff members are using voluntary testing and counselling opportunities at the premises of their organisations. Apparently the environment in the organisations has become safer. The participating NGOs have set up focal groups for HIV/AIDS internal mainstreaming. They are adapting their staff manuals and job descriptions. They are discussing medical coverage and insurance questions.

PSO capaciteitsopbouw in ontwikkelingslanden

STOP AIDS NOW!

EEN INITIATIEF VAN AIDS FONDS, HIVOS, ICCO, MEMISA EN NOVIB